Project Update

Hello, and welcome to the fifth and final issue of the PAHVL research project's newsletter. Since our last newsletter, we sent out Survey 4 and received 275 completed responses. Results from this survey, which covered Psychosocial Issues, are provided on page ___. We also sent out a follow-up study to a select group of participants, based on what assistive technology they had reported using in Survey 2. Thanks to all of you for your continued participation in the surveys! Note that if you did not complete Survey 4 but would like to, we would still be happy to receive your response. Remember that we are offering $30 to participants who complete all four surveys.

The PAHVL project will be ending in 2007, so we are busy trying to finish the research and training associated with it. We are preparing manuscripts with results from our surveys for publication in journals, and will also be sending information with results to consumer publications. Because our first national conference was a big success, we are planning another one for August 15-17 in Austin, Texas. We hope some of our study group members will be able to attend or that you can pass information on about the conference to service providers in your area. Please see the conference information further on in this Newsletter.

Project Staff on the GO…

There have been a number of presentations about the project over the last year and planned for later this year. Several of these were invited presentations that did not require expenditures from us. One of the exciting things about the consumer meetings we attended is that we were able to meet some of you in person! We have presented or will present findings at the following:

2006:

- Our own First National Conference on Persons Aging with hearing and Vision Loss, Atlanta, GA
- American Council of the Blind, Jacksonville, FL
- Mid-America Conference of Rehabilitation Teachers and the Association of South-East Rehabilitation Teachers, Atlanta, GA
- State of the Science Conference on Hearing Enhancement, at Gallaudet University, Washington, DC
- First Annual Envision Conference, Kansas City, MO
- Association for the Education of the Blind and Visually Impaired International Conference, Snowbird, UT
- Presentation at the American Association of the Deaf-Blind National Conference, Towson, MD
- Wyoming Independent Living Program, Casper, WY

2007

- The Second National Conference on Aging and Vision Loss, Austin TX
- Deaf Seniors of America, Orlando, FL
- Gerontological Society of America, San Francisco, CA
- National Federation of the Blind, Atlanta, GA

This is the last year of the project which is scheduled to end October 1. However, there is still much to come in the future. We do anticipate that we will actually be working on a number of activities for several months after that date. A number of publications and on-line activities are scheduled over the next year, so you may want to check the website out periodically to find out what is happening! The project website is **www.blind.msstate.edu/PAHVL/index.html .** We also did a series of surveys with some of you on the use of assistive technology, and results from that activity will also be forthcoming.

Results from Survey 4: Psychosocial Issues

Our fourth survey covered the area of psychosocial adjustment to hearing and vision loss. Many people with combined hearing and vision loss told us that the psychological and social aspects of the losses were the most difficult to deal with. Highlights from the study groups' responses to questions on Survey 4 are provided below.

Feelings related to hearing and vision loss
Respondents were asked whether they had experienced any of a list of 12 negative feelings, specifically related to having a hearing and a vision loss. They were asked to indicate if they were experiencing the feelings now, had in the past, or never had experienced them. Responses are listed in order of most frequently to least frequently experienced feelings.

Feeling	Now	In past	Never
Frustration	70%	23%	7%
Lack of understanding	64%	21%	15%
Anxiety	49%	27%	24%
Isolation	47%	25%	28%
Loneliness	46%	26%	28%
Sadness	45%	31%	24%
Anger	39%	29%	32%
Depression	39%	31%	30%
Lack of control	39%	22%	39%
Fear	35%	22%	43%
Sleeplessness	32%	20%	49%
Worthlessness	24%	21%	55%

Respondents were next asked what they did to help them deal with the negative feelings that they experienced. They were given a list of 12 items and the option of writing in other strategies they had used. The most common response given was that they had dealt with the feelings on their own (72%), but this was not the only strategy most people used. Other popular responses were talked to a friend (52%) or used assistive technology to try to improve hearing or vision (51%).

The following strategies were also used by a number of study group participants: became involved in more activities (38%), participated in rehabilitation training (30%), got involved in a support group (28%), talked to a doctor (27%), and had a medical intervention, such as cataract surgery or cochlear implant (25%). Less commonly used strategies were participating in counseling with a professional (19%) and talking to a pastor, priest, or rabbi (13%). A number of people (27%) indicated that they used other strategies than the ones listed on the survey. Although these responses varied, a number of them indicated prayer or use of spiritual beliefs as strategies to deal with their feelings.

Participation in support groups

A large percentage of participants indicate that they are involved in a support group (42%), either for persons with hearing loss, vision loss, or hearing and vision loss. Examples of groups that respondents participate in are AADB (American Association of the Deaf-Blind), Blind Veterans Association, VIPS (Visually Impaired Peer Support), Self-Help for the Hard of Hearing, and senior center low vision groups. The most common frequency of meeting participation was one time per month (63%). Other participants meet more frequently (two to four times per month – 24%) or less frequently (one or two times a year – 13%). The majority of people who participated in a support group indicated that it has helped them adjust to their hearing and/or vision loss: 42% said it helped “a large amount,” 30% said it helped “a moderate amount,” 19% said it helped “a small amount,” and 8% said it did not help in their adjustment.

If respondents do not participate in a support group, they were asked why they did not. The two most common answers were that they were not aware of one in their area (35%) and that they did not have transportation to the meetings (28%). Others indicated that they were not interested in participating (21%) or that they had tried one in the past but were no longer involved (13%). A number of people reported that a support group is not available in their area (19%) or that their sensory losses make participation in such groups difficult (12%). A number of people also gave a reason other than the ones listed (23%). The majority of respondents (68%) reported that they would be interested in participating in a support group for persons with combined hearing and vision loss if one were available in their area.

Physical activity

We asked respondents about the amount of physical activities they participated in, at three different levels (vigorous, moderate, and mild) and discovered that most of our study group participants are active! Some participants would like to be more active than

they are able to be, most often related to physical problems rather than hearing or vision loss.

Almost half of the respondents (49%) report that they participate in vigorous activities at least a few times per month. These include such things as running or jogging, swimming, cycling, aerobics or gym workouts, or digging with a spade or shovel. Almost all of those who do, participate once a week or more (86%), and a sizeable number participate four or more times a week (33%, or 16% of the total respondents). The vast majority participate in moderate activities (80%) and mild activities (91%) at least a few times per month. Most of those who participate in these types of activities do so very often – 56% and 60% (respectively) report doing them four or more times per week. Examples of moderate activities are walking at a moderate pace, stretching exercises, and gardening and examples of mild activities are walking short distances, vacuuming, laundry, and home repairs.

Those who do not consider themselves to be physically active where asked why they were not. They were given a list of reasons to select from and the option of writing in another reason. By far the most commonly reported reason was that physical problems prevent them from being physically active (45%). A number of people also reported that their vision loss limited their physical activity (17%). Others indicated that they were not interested or motivated (14%), that they lacked energy (5%), or that they did not have transportation (5%). A small number of people wrote in another reason for not being active; some reasons cited were being too busy with other things and not having anyone to help them.

Health, Vision, and Hearing Status

In our first survey, which was originally sent out in January of 2004, we asked participants about their health and hearing and vision status. Because these things are likely to change over time, we asked for an update in these areas. Most of our study group reports good, very good, or excellent health (74%), while 26% experience fair or poor health. For most (63%), their health is the same as it was at the time they completed Survey 1, for 21% their health is worse and for 16% their health is better.

A relatively large percentage of people indicated that their vision and hearing had gotten worse (44% and 49% respectively). A few reported an improved ability to use their remaining vision more effectively, for reasons such as getting glasses adjusted (7%), having eye surgery (7%), and getting low vision aides (11%). Some people also reported an improvement in their functional ability to hear due to getting a better hearing aid (19%), using an assistive listening device (5%), and getting a cochlear implant (3%).

Depression, Life Satisfaction, and Self-Esteem

In Survey 4 study group participants were asked several sets of questions, which were meant to measure their symptoms of depression, their level of life satisfaction, and their self-esteem. All of these were measured with answers to questions from validated instruments. Each of these instruments and the results are explained in more detail in the following paragraphs.

The Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977) is a 20-item instrument that asks people about whether they have experienced common symptoms of depression in the past week, and how often they experienced them. Items are scored on a scale of 0 to 3, with total possible scores ranging from 0 to 60. Higher scores indicate greater symptoms of depression, and a score of 16 or greater is considered to be indicative of experiencing depression. It is not a diagnosis of depression, but indicates that a person should be evaluated for depression by a professional. In elderly populations, the percentage of persons scoring a 16 or higher on the CES-D has ranged from 8.8 to 15%. A large percentage of our group (40%) received a score of 16 or greater on the CES-D. This coincides with other research which has indicated that older persons with vision loss or with vision and hearing loss are more likely to experience depression.

The Satisfaction with Life Scale (SWLS) is a 5-item instrument that was created to measure overall life satisfaction (Diener, Emmons, Larsen, & Griffin, 1985). The authors report that the instrument assesses an individual's conscious evaluative judgment of his or her life by using the person's own criteria. Scores on the SWLS can range from 5 to 35, with higher scores indicating greater life satisfaction. Other studies using the SWLS with an elderly population have reported average scores ranging from 24.1 to 25.8. For our study group, the average score was 23.4 with a standard deviation of 7.5.

The Rosenberg Self-Esteem Scale (SES) is a 10-item instrument that is used to measure general self-esteem (Rosenberg, 1965). It provides an estimate of positive and negative feelings about the self. Respondents are asked to agree or disagree with questions about themselves, and items were given a score between 0 to 3. Total scores can range from 0 to 30. Average scores for elderly populations have ranged from 20.2 to 23.1. The average score on the SES for study participants was 21.6 (standard deviation = 5.5).

These results indicate that our study sample has a similar level of self-esteem and life satisfaction as the general elderly population, but is much more likely to experience a greater number of depressive symptoms. For our study group members, if you believe you are experiencing feelings or symptoms of depression, please speak to your health care professional. Treatment can help you alleviate these feelings.

References:

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. Journal of Personality Assessment, 49(1), 71-75.

Radloff, L. S. (1977). The CES-D Scale: A self-report depression scale for research in the general population. Applied Psychological Measurement, 1(3), 385-401.

Rosenberg, M. (1965). Society and the adolescent self-image. Princenton, NJ: Princeton University Press.

Second Annual Conference on Persons Aging with Hearing and Vision Loss

Austin in August
Psycho-Social Aspects of Adjustment, Communication, and Community Integration Issues and Solutions

The number of older persons experiencing dual sensory loss is increasing, and many programs and services are not equipped to adequately address the combined disability in the older population. This second annual conference will give administrators, service providers from aging, blindness and deafness fields, and consumers an opportunity to come together and address the issues, and learn of some innovative and exciting solutions.

Co-Sponsored by Mississippi State University, Helen Keller National Center and San Diego State University

Wyndham Garden Hotel
3401 South I-35
Austin, TX 74741
877-996-3426 or 512-448-4222 for reservations

August 15-17, 2007
Important Dates:

Call for Papers Deadline: July 1, 2007
Early Registration Deadline $175: July 23, 2007
Late registration fees after July 23rd: $225
SSP registration $100

Hotel Registration $79 plus tax deadline before July 23rd
or after July 23rd $109-119

For Registration information:
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